

Lakeview-Ft. Oglethorpe High School

1850 Battlefield Parkway
Fort Oglethorpe, GA 30742

Telephone (706)866-0342

Fax (706)861-6645

TRANSCRIPT REQUEST FORM

Full Name _____
Last First Middle (Maiden Name)

Address _____ Phone _____
Street Address City, State Zip

Last 4 digits of Social Security _____ Date of Birth _____

Year of Graduation _____ - OR - Date Last Attended _____

To comply with the provisions of the Family Education Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school record and other requested information to the following college/university:

(Please include address where records are to be sent)

I understand there is a \$2.00 charge for this service.

This charge does not apply if you are a current LFO student

Signature of Student (REQUIRED)
(OR Parent/Guardian signature if student is under 18)

Date of Request

Transcripts can only be released with the consent of the student and only with the student's signature attached. Transcripts cannot be released by telephone. All transcript requests must be in writing. The transcript will be mailed within (3-5) school days after receipt of the request form.

Signature of School Official

Date Sent